

To be boarded or not to be boarded?

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I am in the process of recertifying in internal medicine, and I have found several reasons against going through the process. First of all, it's expensive: \$1170 is a lot of money. The time commitment is extensive. I am planning on more than 100 hours to complete the medical knowledge modules and practice improvement modules plus the time for studying and taking the exam. Personally, I would rather spend the time and money on something else. You see, I am a good doctor. I have stayed up to date with changes in internal medicine over the years. I go to grand rounds. I have accumulated many hours of continuing medical education credit, and I read multiple journal articles. The peer review process at Baylor University Medical Center (BUMC) also keeps an eye on me. My patients love me. And what has board certification done for me lately? I'm not sure I can answer that. And why did the American Board of Internal Medicine give lifetime certification to those who received their board certifications before 1990? If it's that valuable as a measurement tool, why shouldn't everyone have to go through the recertification process?

Currently, the Baylor Health Care System Medical Staff Bylaws require a physician to be an active registered candidate or board certified to become a member of the medical staff. Specific exceptions exist. Once a physician is a member of the medical staff, the requirement to maintain certification is less rigid. Reappointment to the medical staff occurs every 2 years and, at that time, if the member's board certification has lapsed, the requirement may be waived if the physician has demonstrated "equivalent clinical experience and competence."

Why do we have these exceptions? To understand this, we have to realize that increased emphasis on board certification has evolved over time. Physicians who have been in practice for years may not have become board certified. Some of these physicians are esteemed leaders in academia who "wrote the textbook" and are recognized experts in certain fields. Others have been in clinical practice in good standing at BUMC for years. To exclude these individuals from our medical staff due to lack of board certification would be ludicrous.

Another reason offered is that the Joint Commission dictates that the decision regarding reappointment cannot be based solely on board certification. This works both ways. Physicians can't be reappointed based only on board certification, and they can't be denied reappointment based only on lack of board certification.

These board requirements are being challenged on a regular basis by BUMC physicians using the exception described above. The medical staff, chiefs, officers, the Credentials Committee, the Medical Executive Committee, and the Board of Trustees are being asked to determine how much weight to give board certification and, more importantly, to develop criteria for a physician to demonstrate equivalent clinical experience and competence.

As a medical staff, we are required to ensure that our members are clinically competent, and we currently use multiple measures to do so. I think we can all agree that the boards don't reduce clinical competence and in all likelihood they help. But to what degree they help depends on the individual physician. Those who have a large number of patient contacts at BUMC are scrutinized through the normal medical staff peer review processes to make a fairly accurate determination. For those with little activity, we look outside BUMC for support of clinical competence. The most common outside measures would be other hospital activity, continuing medical education, and board certification. With few contacts and no board certification, determination of clinical competency becomes more difficult. It is the responsibility of the physician to prove clinical competency, not the responsibility of the medical staff to disprove it. If there is not enough information available to document clinical competence, the medical staff and the board may have no choice but to deny or restrict membership and/or privileges. Physicians challenging this requirement may jeopardize their membership on our medical staff.

Personally, I am going to recertify because it is the right thing to do for me. I know the process will make me a better physician, and I owe it to myself, my patients, my colleagues, and my hospital. Until my specialty board or another organization comes up with a better way to help me prove clinical competence independent of my inpatient practice, I will keep recertifying. I also expect my colleagues to do the same, but only they can answer the question of whether they should be boarded or not.

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